ER-SWM-52: 9/80

COMMONWEALTH OF PENNSYLVANIA

MB 23 1981

See reverse for Instructions, Please type or print clearly using a bell point pen. DEPARTMENT OF ENVIRONMENTAL RESOURCES HAZARDOUS WASTE TRANSPORTER LICENSE APPLICATION

1.	☑ New License ☐ Renewal HWT License No. PA ☐ ☐ ☐
	Name of Company Hamilton Technology, Inc.
	Address of Principal Place of Business 101 N. Queen Street Lancaster, PA 17604
	Street City State Zip Code
	Telephone No. 1717) 299-2581 24 hr. Emergency Telephone No. 1717) 392-4022 Municipality Lancaster County Lancaster
3.	If a subsidiary, name of parent company HMW Industries
4.	Identification Number PADOO800680
5.	Types of hazardous wastes to be transported.
	Hazard Code [75.261 (h) (1) (ii)]: ☑ I (Ignitable) □ R (Reactive) □ H (Acute Hazardous) □ C (Corrosive) ☑ E (EP Toxic) ☑ T (Toxic)
	Physical State: ☐ Liquid (less than 20% solid by dry weight) ☐ Solid (equal to or greater than 20% solid by dry weight) ☐ by dry weight) (non-flowable)
6.	Average number of hazardous waste shipments picked up AND delivered per month within the Commonwealth (intrastate) 5 and, average number of shipments picked up OR delivered within the Commonwealth (interstate) 0
7.	Average total quantity of hazardous waste transported per month. 14 ton, watkers would be a very acres.
8.	Number of copies of license requested. 4
9.	On a separate 8-1/2" x 11" sheet of paper list the names, titles and addresses of all responsible officials as defined in the instructions in charge of compliance with the PA Solid Waste Management Act (1980) and its
	rules and regulations.
10.	Person providing information.
	Name Glenn E. Staudt Title Chemist
	Telephone No. (717) 299-2581 Ext. 278
11.	Certification. This is to certify that the information contained and attached to this application is true, complete and correct to the best of my knowledge. Name of responsible official Title Vice President, Manufacturing Signature
Send	completed application to: Pa. Department of Environmental Resources, Division of Hazardous Waste Management P.O. Box 2063, Harrisburg, PA 17120
	FOR DEPARTMENTAL USE ONLY
Bono	Amount: Insurance Amount:
Date Date	rance Company: Issued: Solution: Solution of Expiration: